

**Minutes of Governor's Electronic Health Records Task Force  
Subcommittee #3 - EHR in Hospitals and Institutions**

**July 19, 2005  
Via conference call**

**Members:**

Christopher Bailey, Chair\*  
Bertram Reese  
J. Goodlett McDaniel\*  
John M. O'Bannon III  
Margaret A. Cornett\*  
Leonard Hopkins\*  
Patrick Finnerty\*  
Brenda Moore  
Barbara Brown

**Others:**

Ken Hunter, Kaiser Mid-Atlantic\*  
Doug Gray, VAHP\*  
Karen Remley\*  
Ashley Clary\*

\* Indicates those participating

**Agenda**

**I. Work plan update**

For those interested in RHIO initiatives, the follow-up report from Ashley Clary with Sentara provided after the last meeting was highlighted as a good resource. And it was noted that work was underway analyzing the hospital survey results, discussion of which were expected to be a focus of the August 2 call.

**II. Health Plan IT/EMR Initiatives**

Doug Gray, Task Force member and Executive Director of the Virginia Association of Health Plans, kicked off the discussion of health plan IT efforts. He then introduced Ken Hunter, Chief Administrative Officer of Kaiser Mid-Atlantic, who offered a thorough review of his organization's current Electronic Medical Record initiative. Mr. Hunter outlined the basic capabilities, resources and timing of Kaiser's multi-year EMR effort – both in this region and nationally. Questions and discussion focused on the mechanisms for linkages with contracting providers, as well as the planned utilities for patients/enrollees. Mr. Hunter also described the emphasis Kaiser was placing on ensuring adequate physician and staff input and training along the path toward full implementation. The subcommittee applauded the initiative and thanked Mr. Hunter for

his thorough review (*a copy of a presentation made recently by one of Ken's colleagues on the Kaiser EMR effort is attached for those who desire further detail*).

Leonard Hopkins and Doug Gray indicated they would proceed to gather other examples of health plan EMR initiatives in Virginia, especially financial incentives and other supports provided to contracting providers related to IT adoption, for future discussion by the Subcommittee.

### III. Potential Short Term Priorities

The list of potential short term “interoperability” priorities related to health care institutions identified during the last meeting was briefly reviewed. These included:

- Building on the current immunization registry;
- Targeting data related to emergency care, such as;
  - Current medication record (prescribed and dispensed) available to ER physician.
  - Availability of diagnostic imaging records and interpretation reports provided elsewhere.
- And, linking various “safety-net” health care providers.

### IV. Next steps

- August 2 conference call
- Primary discussion topic – detailed hospital IT survey results